

# JOINT ROYAL COLLEGES AMBULANCE LIAISON COMMITTEE

Meeting held on Monday, 13 March 2006

## Present:

Dr T Clarke (Royal College of Anaesthetists), (Chairman)

Mr Martin Flaherty (Hon Co-Secretary, Ambulance Service Association)

Mr M Willis (Ambulance Service Association), (Treasurer)

Mr Robert Baughan	-	Staff Side Ambulance Council
Dr S Brown	-	Ambulance Service Association
Dr M Colquhoun	-	Resuscitation Council UK
Professor M Cooke	-	College of Emergency Medicine
Dr J Cox	-	Royal College of General Practitioners
Mr Martin Flaherty	-	Ambulance Service Association
Mr K Hinshaw	-	Royal College of Obstetricians & Gynaecologists
Dr F Jewkes	-	Royal College of Paediatrics & Child Health
Professor M Langman		Ambulance Service Association
Dr Jeremy Mayhew	-	Ambulance Service Association
Mr P McFadden	-	Health Professions Council
Dr Fionna Moore	-	College of Emergency Medicine
Mr A Newton	-	British Paramedic Association
Mr J Nichols	-	Ambulance Service Association
Mr Phil Pimlott	-	Ambulance Service Association
Professor T Quinn	-	Royal College of Nursing
Mrs C Reid	-	Royal College of Midwives
Dr T Sajjanhar	-	Royal College of Paediatrics & Child Health
Dr H Swanton	-	Royal College of Physicians
Dr M Ward	-	Royal College of Anaesthetists

## Observers

Mr R Diment	-	Ambulance Service Association
Mrs S Dodd	-	Department of Health
Mr Philip Powell	-	Fire Service Inspectorate
Mr S Land	-	Committee Administrator

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## 06/01 Welcome and Apologies for absence

- (a) Members noted that Dr Kim Hinshaw was standing down after the meeting and would be replaced by Dr Helen Simpson (Consultant Obstetrician at James Cook University Hospital, South Tees). The Chairman thanked Dr Hinshaw for his contribution to the committee.
- (b) Members congratulated Mr Flaherty on receiving an O.B.E. in the New Year's Honours list.
- (c) Apologies for absence were received from Dr W Blancke (Royal College of Anaesthetists), Dr H Booth (Royal College of Physicians), Dr G Bryce (Ambulance Service Association), Mr M Cooke (Ambulance Service Association), Dr C Deakin (Royal College of Anaesthetists), Dr T Evans (Royal College of Physicians), Dr H Guly (Faculty of Accident & Emergency Medicine), Mr R Gunn (Royal College of Surgeons), Mr A Howson (IHCD, Observer), Dr P Jenkins (Royal College of Physicians), Dr I McNeil

(Hon Co-Secretary, Royal College of General Practitioners), Dr Q Mok (Royal College of Paediatrics & Child Health), Dr D McManus (Ambulance Service Association), Mr John Nichols (Ambulance Service Association), Mr S Oestreicher (Staff Side Ambulance Council), Dr W Penny (Royal College of Physicians), Dr D Smith (British Cardiac Society) Miss K Steelton (Department of Health Observer), Dr Simon Shockley (Royal College of General Practitioners) and Professor R Williams (Royal College of Psychiatrists).

#### 06/02 Minutes of the Previous Meeting

Following amendments the Minutes of the meeting held on 28 November 2005 (copies of which had been circulated) were approved, and signed by the Chairman as a correct record.

#### 06/03 Matters Arising on the Minutes

##### **(a) 05/26 (b) Ambex - JRCALC/999 Research Forum**

The Chairman stated that JRCALC and 999 EMS Research Forum were formalising their link this year. As a result, AMBEX 2006 (Wed 28<sup>th</sup> June through Fri 30<sup>th</sup> June 2006, Harrogate) would have a stronger clinical thread and members were urged to attend.

Members agreed that £1000 of JRCALC monies should be donated to the Research Forum to fund administrative support for the event. It was also noted that JRCALC would continue to provide a small prize £75 for the best submitted research paper.

##### **(b) 05/11 (a) FAEM replacement**

It was noted that the FAEM and BAEM were amalgamating to form the new College of Emergency Medicine.

The Chairman reported that he had re-contacted the College with regard to nominating a new representative (replacing Dr Johnson) to join JRCALC. The College was aware of the need for a nomination but was extremely busy discussing its future link up with the BAEM at present (see 05/26e).

Members agreed that they should revisit the committee constitution and membership as a discussion item at the next meeting.

**ACTION: Chairman**

##### **(d) Committee-based move to RCA and legal status**

The Chairman stated that the RCA had agreed to act as a venue for JRCALC. Dates had been set for the rest of 2006 and an agreement reached that administrative support would be provided by the ASA.

Following RCA questioning the lines of accountability for JRCALC (esp. Guidelines), it had been agreed that JRCALC would continue to seek approval to become a Limited Charitable Company to safeguard itself and allow it to operate independently.

It was noted that the RCA had suggested a name change for the committee but members thought it would be detrimental for this to occur.

It was noted that the Chairman, Dr McNeil and Mr Diment would shortly meet with RCA representatives to discuss logistics of the committee move. It was hoped that following these changes JRCALC would become a more responsive and dynamic machine.

**(e) FAEM/BAEM amalgamation**

Members noted the location of the administrative base of the College of Emergency Medicine (previously FAEM and BAEM) to Churchill House. Members supported the new organisation in its bid to improve constituents of emergency medicine in primary and emergency care via education and hoped to work closely with the College in the future to achieve this.

Members were interested in whether BASMED could play a role in forging closer links between Ambulance and Emergency Medicine. It was noted that Dr John Scott was progressing work on this issue.

**(f) Fire & Rescue National Framework**

Members noted a tabled paper entitled 'Provision of Fire and Rescue Service National Pre-Hospital Casualty Care'. It was noted that as an early draft this paper should not be distributed outside of JRCALC.

Mr Powell explained that under the Fire and Rescue Services Act 2004 it had been recognised that Fire Services often arrived first at scenes where individuals required treatment for trauma. It was therefore necessary to set standards and provide proper training for Fire personnel who work in these circumstances. With that in mind the Chief Fire Officers Association (CFOA) had convened groups to look at the issue and were keen to consult with JRCALC.

Members recognised the positive impact that 30,000 community responders could make to pre-hospital care and felt that the briefing paper was a good start to providing a framework for governance. Members made the following specific comments:

- Concerned that the document was introspective. It should look to strengthen the partnership between Fire and Ambulance by working on an integrated system.
- Ambulance Trusts would be ideally placed to provide the necessary training and therefore should cover clinical governance as well.
- Noted that the Police were also working on their own position and were currently in discussion with the ASA. There should therefore be a shared emergency response strategy across all services.

It was noted that the document was still to be considered and approved by the Operations Committee of the CFOA and that Mr Pimlott and Mr Diment would liaise on the issue of best practice for first responders. After April 2006 CFOA would appoint a lead on the project who could then liaise with the ASA. Mr Powell would keep JRCALC members informed on the progress of this.

**ACTION: Mr Pimlott/Mr Diment/Mr Powell**

**(g) BMA 'Safe Transport of Patients in Ambulances Working Group'**

It was noted that Mr Newton would join the group to add an operational paramedic's perspective.

**ACTION: Mr Newton**

**(h) DTB advice re: Drugs for the doctor's bag (Adults) Vol 43 No. 9 Sept 2005**

The Chairman stated that he had not received a reply from the editor of the Drugs and Therapeutics Bulletin (DTB) regarding the use of intramuscular diclofenac (analgesic) for back pain.

Dr Brown stated that the Guidelines sub-committee had assessed the effectiveness of the drug as a potential analgesic and had agreed that it should not be included in the Guidelines at the present time.

**(i) HPC Speed of placement on Register**

Mr McFadden reported that he had audited the speed of placement to the Register held at HPC in his own area (Greater Manchester) and found that the process took between 3 and 5 days. He had also spoken to the HPC, Director of Operations who had stated that HPC was looking to reduce this time further. One way in which this could be achieved was for IHCD to notify HPC direct once a student had qualified. Discussions regarding this were ongoing.

The Chairman stated that he had received an e-mail from Mr Howson who had reviewed the process from the perspective of paramedic certification. It was noted that the process would be speeded up, as the signature of the employing Trust C.E.O. was no longer required on certificates.

**(j) ECP/HPC dual accreditation**

The Chairman stated that he had written to Lord Warner signalling that JRCALC did not support dual registration for ECPs and Paramedics. It was noted that a holding reply had been received from the DH.

**(k) JRCALC Treasurer**

The Chairman stated that Mr Willis was standing down from the position of Treasurer (after 5 years) and also the committee. He thanked Mr Willis for his outstanding contribution to JRCALC, since its inception in 1989, and stated that he would be sorely missed by all members. An RCP plate was presented to Mr Willis from the committee as a sign of appreciation. Mr Willis thanked members stating that he had enjoyed his time on the committee and wished it well for the future.

The Chairman proposed that Dr Chris Carney became the new Treasurer of JRCALC, which was seconded by Mr Flaherty and then approved by members unanimously.

06/04 Chairman's Report

**(a) Consultation reports - noted**

- (i) MHRA MLX 322 "MHRA Regulatory Fees"
- (ii) MHRA MLX 328 Implementation of European Commission Directive on Good Clinical Practice (2005/28/EC) re. Research Practice & Honesty
- (iii) DH "The acutely or critically sick or injured child in the DGH: A team response" (15/8/5)

It was noted that Dr Jewkes had been involved in the report and had met with Stuart Tanner (previous Children's Tsar) who had been extremely supportive. Professor Cooke had also met with the new Tsar (Sheila Shribman) and was keen to start discussions with the ASA/JRCALC in the near future about the report.

**ACTION: Professor Cooke**

- (iv) Ambulance Service Reconfiguration Consultation

Members felt that the proposals were a consultation in name only. The JRCALC response stated that care of the patient should be the uppermost consideration.

- (v) MHRA MLX 330 Proposed amendments to medicines legislation to allow the supply and administration of medicines by members of mountain rescue teams.
- (vi) Home Office notification Jan 2006: Ketamine to be classified as Class C drug

**(b) Other Issues**

- (i) Letter from Welsh Ombudsman for Health re. O<sub>2</sub> administration

The Chairman stated that he and Dr Brown had discussed the administration of O<sub>2</sub> to patients where it was contraindicated or high concentrations might be harmful. It was noted that the standard guideline of 95% saturation should stand and that patients needed to carry a patient health card if this was to be ignored. This should be made explicit within all local guidance and JRCALC had written to the Health Ombudsmen to alert them to this.

- (ii) Letter from HM Coroner London Southern District re. Positional asphyxia

The Chairman reported that under rule 43 of the Coroners Rules 1984, a Coroner may announce at an inquest that they are reporting a matter to the authorities, with recommendations for action to prevent the recurrence of similar fatalities. Following the death of a schizophrenic patient in London Southern District, JRCALC had received a request to review the guidance on positional asphyxia.

The JRCALC Guidelines committee had considered this and agreed that if ambulance crews were present they held the responsibility to make certain that a patient had a patent airway. However, they felt that in this case the term positional asphyxia had been wrongly used by the Police which had led to confusion. It was noted that Dr Deakin had been nominated to represent the committee in a meeting with Police authorities at LAS to clarify the issue.

Dr Mayhew stated that restraint by police (and others) was a bigger issue than just airway management. He pointed to the restraint of the acutely agitated as another example and reported that the police had workshops and DVDs on careful restraint. Members felt that some form of additional training for ambulance staff was required.

- (iii) National Care Pathway Templates for COPD

The Chairman stated that he had received a letter from Pam Harvey asking for comment on a template for a National Care Pathway for patients with COPD.

It was noted that the proposed pathway would look to increase I.T. links for patients in the community, which would be secured under Connecting for Health.

Mr Willis stated that Ambulance Services were not included within Connecting for Health.

- (iv) DH Budget application

The Chairman stated that he and Mr Diment had submitted an accountable budget, details of funds and future planning to Kathryn Stelfox at the DH. The budget for the next financial year was calculated to include the running costs of the committee and also the production of the 5<sup>th</sup> edition of the guidelines. Within the covering letter the Chairman had stated the importance of continued DH funding to the future of JRCALC. Miss Dodd reported that the DH had yet to make any firm decisions regarding budgets for the coming year.

(v) AAGBI Consent Publication

The Chairman stated that the Association of Anaesthetists of Great Britain and Ireland had recently published guidance covering consent issues. Section 10 of the guidance (entitled Research, audit and training) had caused much confusion with some individuals taking it to mean that training of paramedics should cease re: airways management, and reported that a letter had been sent signed by himself, Professor Deakin and Dr David Zideman to the Chair of the group that had produced the document for clarification of its intent. Dr Ward reported that he had also approached the Association and Chairman of the Working Group to point out that this was incorrect and that in fact the report should serve as a reminder to anaesthetists that it was their responsibility to gain consent from the patient. It was hoped that a reminder to this effect would be published in Anaesthesia.

(vi) JRCALC Website

It was noted with appreciation that Zoe Channing-Wright had very capably run the JRCALC website for many years but that with the change of administrative base that was coming it would be sensible if it were to move to the ASA. The Chairman asked for expressions of interest from anyone with web experience to contact him.

**ACTION: All**

06/05 Report from the Cardiac Care Group

Dr Swanton reported that the next meeting of the sub-group was on 13<sup>th</sup> April 2006. Members were asked to forward any items for consideration to the Chairman.

**ACTION: All**

MINAP reocclusion survey (13/2/06)

Dr Swanton stated that the MINAP survey revealed that patients were reoccluding more than was currently believed. The Chairman stated that Dr Guly had written to him raising concern on the excess of reocclusion in his area. The letter suggested that JRCALC should support a small study and the Chairman agreed to forward this to Dr Swanton for consideration.

**ACTION: Chairman**

06/06 Guidelines Sub-Committee

Members noted the update provided by Dr Brown [**Doc 06/01**] regarding the sub-committee.

Dr Brown stated that the Guidelines would be available on-line to Training Managers from 1<sup>st</sup> April 2006 with the final print run scheduled for early May 2006.

There was discussion on the title for the Guidelines and the following was agreed:

UK Ambulance Service - Clinical Practice Guidelines 2006 (for review 2008)

Members noted that 2006 Guidelines differed significantly from the 2004 version to the point that printing Update pages was not realistic. Edexcel was seeking to produce shrink-wrapped packs without binders for Ambulance Services in order to minimise costs. It was felt that for the 2008 review more thought should be put to the page numbering and footer information, so the insert of updated pages would be easier and costs would be reduced for the employing Trust. Dr Brown agreed to raise these points with the Guideline group.

**ACTION: Dr Brown**

There was discussion on the use of diazepam for sedation prior to pacing. It was noted that it would be important to consider its use within the next guidelines. There was also discussion around the use of buccal midazolam in children, and Dr Brown and Dr Sajjanhar are going to liaise to progress this issue.

**ACTION: Dr Brown/Dr Saijanhar**

06/07 Report from Joint Ambulance Service Association/JRCALC Clinical Effectiveness Committee

Members noted the tabled update prepared by Mr Cooke.

06/08 Report from the Health Professions Council

Members noted a tabled update prepared by Mr McFadden.

06/09 Report from the British Paramedic Association

Mr Newton reported that the membership of the BPA was now over 2000.

06/10 RCA Meeting Developing Paramedic Practice 2006

Members noted the programme for the Developing Paramedic Practice event being held at the RCA on 12<sup>th</sup> June 2006.

06/11 Conference 2006

The Chairman reminded members that it was time to begin planning for the JRCALC Conference 2006 and asked for volunteers to help organise the day. Professor Quinn agreed to take on the role and the Chairman agreed to forward the necessary background to him by e-mail.

**ACTION: Chairman/Professor Quinn**

It was noted that a suggestion had been made to work jointly with the BPA on the conference and that this was soon to be discussed by the BPA Council.

Professor Cooke felt that the conference could include a focus on the revised parts (big changes) of the new JRCALC Guidelines and a slot on positional asphyxia.

06/12 Any other business

**(a) DH Stroke Strategy**

Miss Dodd stated that the DH had held a conference entitled 'Developing a National Stroke Strategy' on 1<sup>st</sup> March 2006, which had included a session on emergency response. It was noted that Mr Mark Cook was liaising with the DH regarding the stroke strategy but that others were welcome to respond direct to Miss Dodd.

**ACTION: All**

**(b) Paramedic Qualifications of the Future**

Members discussed the consequences of not having degree courses in place by 2008. They felt that ICHD may still be required to recognise qualifications and should be approached

to see whether they could help in this regard. It was noted that Mr Carney was raising this issue at the ASA.

**(c) ECPs**

Professor Quinn stated that ECPs were not able to give opiates to people in pain. It was agreed that Professor Quinn and the Chairman would liaise on the issue to amend this disparity.

**ACTION: Chairman/Professor Quinn**

**(d) NPSA - Design of new ambulances**

The Chairman stated that the Royal College of Arts was hosting an interesting group that was looking at ideas for a new generation of ambulance design. It was noted that Professor Cooke and Mr John Scott had attended the meetings and agreed that Professor Quinn should feed in on behalf of JRCALC.

**ACTION: Professor Quinn**

**(e) Farewell to RCP**

The Chairman stated that the RCP had acted as JRCALC base since 1989 but that the committee would in future meet at the RCA. He thanked the RCP for an enjoyable relationship and looked forward to a new beginning at the RCA.

**Note:**

Next meetings:

- Wednesday 12 July 2006 (Committee)
- Monday 27 November 2006 (Committee)
- Tuesday 28 November 2006 (Conference)

***n.b. At the Royal College of Anaesthetists, Churchill House, London.***

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